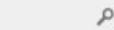


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## From Arizona to Afghanistan – Naval Hospital Bremerton Corpsman a vital part of Trauma Unit

BY VJOHNSON – FEBRUARY 28, 2014

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By Douglas H. Stutz, Naval Hospital Bremerton Public Affairs



Handling devastating injuries is part of the norm at NATO Role 3 Multinational Medical Unit (MMU) at Kandahar Air Field (KAF), one of the busiest trauma centers in the world.

Arizona native and Hospital Corpsman 3<sup>rd</sup> Class Kayla Blum, has been doing her share and more since arriving down range in July, 2013, to help care for the wounded as a Trauma Unit procedure corpsman at the MMU.

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Blum, on deployment from Naval Hospital Bremerton, is upholding the MMU motto and principle of providing every casualty with “The Best Care Anywhere” resulting in a 98 percent survival rate

“This deployment is why I joined the military in the first place. I wanted to help the service members who were risking everything for our country. That’s what I am able to do while at NATO Role 3 MMU. No matter where I worked before coming here, nothing could have prepared me for the things for the things I saw and did here. Working in the Emergency Room and Pediatrics at NHB was a great experience, but nothing comes close to what I am able to do out here,” said Blum.

The vast majority of Blum’s duties are directly related to trauma care, whether as a procedure corpsman starting an IV line and assisting a surgeon with central lines, chest tubes and arterial lines, or helping as an ambulance driver to transport wounded from the flight line to the hospital. Even when she’s not been tasked with actual driving, Blum has leaped into the back to act as the receiver to assist with monitoring and stabilizing patients until reaching the operating room.

Soon after arriving down range at the busy hospital, Blum was assigned as training petty officer for the Trauma Unit corpsman and immediately put her energies into ensuring that every corpsmen and medic that worked in the trauma bay had the required training.

“When we first arrived, I was asked by the director of medical services to put together new personnel qualification standards for future training. I got the entire group of Trauma Unit corpsmen involved by having each one type out a list of things they did at their position such as being a procedure corpsman or airway corpsman. Then I took bits and pieces of each to make the training that much easier to understand,” explained Blum, who compiled the information in a study folder as well as a power point display with step-by-step instructions that went thoroughly over all the different procedures assisted in by the trauma corpsman (and medics). After compiling, completing and then getting the necessary approval by her chain of command, she immediately began teaching the curriculum.

“I went right to work training the Role 1 Army medics we had working with us at the time. They were trained as ad hoc members in case of a mass casualty situation,” Blum said, noting that there are only so many Trauma Unit teams available, and if there are multiple casualties coming in, there is always the need for extra help.

Blum’s training regimen was completed within the first month, with approximately 30 corpsmen and medics honing their skills. Practical application of the Trauma Unit training was almost immediately put to the test, when word came one day that a number of wounded were inbound to the hospital.

“We experienced our first real mass casualty situation shortly after. Thankfully, everyone was ready to go due to the training provided,” said Blum.

Blum attests that a typical day at the MMU hinged on the weather. If the weather was cold, the patient load was minimal, as they mainly handled routine injuries such as sprains and strains, and bruises and breaks. When the weather warms in Afghanistan, the war also heats up and as such, Blum and the rest of MMU Trauma team’s were busy.

According to Role 3 records for 2010, there were approximately 800 battlefield casualties treated there during May through September — the traditional fighting season in Afghanistan — with more than half of the cases U.S. or other NATO troops. The rest were Afghan soldiers and civilians too badly hurt to be cared for at nearby Afghan military or civilian hospitals.

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Compiled statistics also show that almost half of all battlefield injuries treated then were caused by improvised explosive devices (IED).

“The days were busy when we first arrived. We saw anywhere from 10 to 20 patients. Typically those patients had gunshot wounds, and IED related injuries such as shrapnel and amputated limbs. I knew coming out here that even with the drawdown, we would be seeing some serious injuries and that a lot of the patients would be our troops. But that’s why I’m here, to do my part in taking care of these guys. I wouldn’t trade that for anything in the world,” related Blum.

Besides her Trauma Unit team experience, another interesting aspect of her deployment has been working in such a diverse environment with a number of other coalition forces.

“We work with so many different countries – Slovaks, Belgians, Australians, Lithuanians, the British – the list goes on. I’ve made some great friends out here and not all of them are Americans,” shared Blum, citing that the war zone in southern Afghanistan is a long ways indeed from her days growing up in Prescott where she attended Granite Mountain Middle School and Prescott High School before enlisting in the Navy in 2009.

“If I was to share on everything I have been able to learn out here, this article would take three pages. But one of the most important lessons I learned is to enjoy the little things, because it’s the little things that help get you through the toughest times. I thank God everyday for my Trauma team. They are lifelong friends that will always be there for me and I will always be there for them,” said Blum, also sharing to those following in her deployment footsteps to remember to rely on the simple concept of taking the time to open up and share with others.

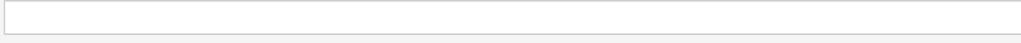
“Don’t forget to talk about things. You can see things here that may shock you and affect in one way or another. It is important to remember that talking to a shipmate or a close friend is always an option for dealing with the challenge of working around – and in – battlefield trauma. It really does help,” stressed Blum, who was also recognized for her Trauma Unit team efforts by being selected as the NATO MMU’s “Sailor in the Spotlight” for September and October 2013.

The Role 3 MMU provides the highest echelon of care at KAF for active duty military, NATO Forces without organic medical support, local nationals – including the local populace, the Afghan National Army and Police, as well as third country nationals and civilian contractors from all over the globe. The U.S. Navy assumed responsibility for the Kandahar Role 3 Hospital operations from Canadian forces in August 2009, and a newer, more modern \$60 million facility was opened in May 2010.

The term “Role” describes the tiers in which medical support is organized, with Role 3 describing the capabilities of a theater-level hospital. A Role 3 military treatment facility includes additional capabilities such as specialist diagnostic resources, specialist surgical and medical capabilities, preventive medicine, food inspection, dentistry, and operational stress management teams.

Role 1 refers to emergency medical care in the field, historically handled by independent duty corpsmen. Role 2 has been traditionally defined as Battalion Aid Station, where the wounded are linked up with a nurse and physician in the chain of evacuation. Landstuhl is the largest American hospital outside the United States and an example of a Role 4 facility. Role 5 sites are rehabilitation facilities such as Naval Medical Center San Diego.

**About vjohnson**



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